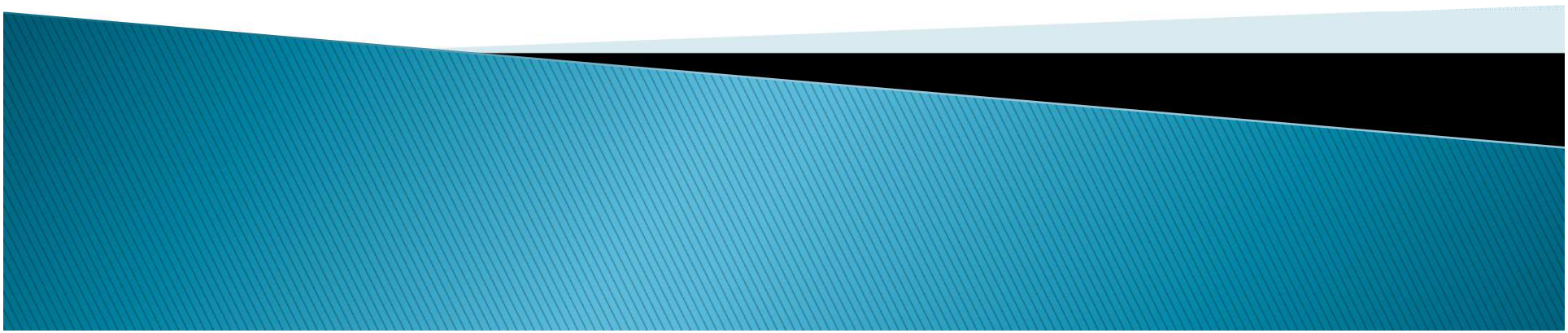
September 2014 MIHP Coordinator Trainings

Rose Mary Asman
Perinatal Health Unit Manager



Accomplishments

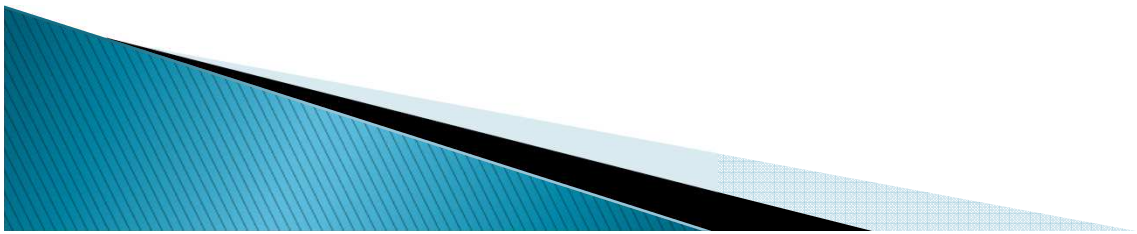
- New website
- Multiple NPI issues resolved
- Revised Operations Guide
- New reports created: MRI, IRI, MDS, IDS, Cost
- New chart review tools
- Inter-rater reliability
- New Consultant on board
- New secretary!!!

Accomplishments

- New student assistant
- Revised consultant process for new agencies
- 15 new agencies in July
- Presentation to Medicaid IT and Managers on MIHP electronic activities and future projects
- Revised Maternal Discharge Summary
- Revised Infant Discharge Summary
- Cycle V Certification Tool completed

Accomplishments

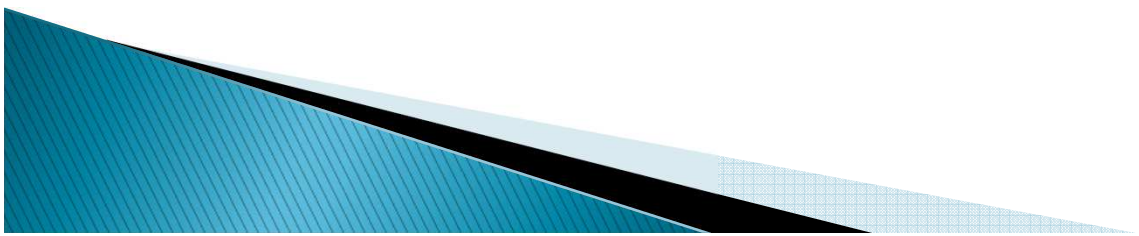
- Fixed browser issues
- Revised forms to include 39 weeks, Healthy MI
  Plan and Safe Sleep
- Planning grants to birthing hospitals
- WHEW!!!!!



Here We Go Again!

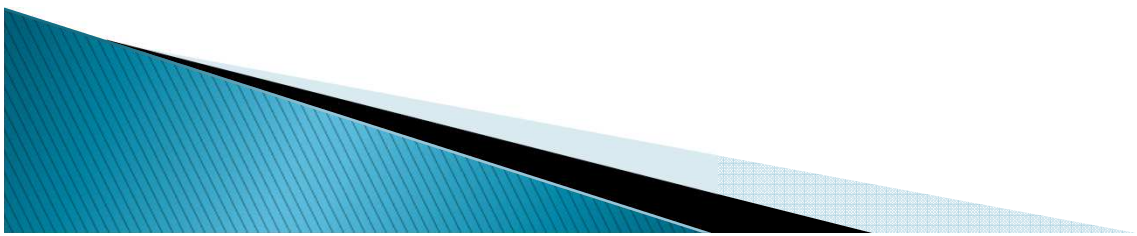
In Process

- Additional standardized reports
- New Infant Risk Identifier
- Quality Improvement Specialist
- Another research article
- Birthing hospitals referrals (implementation)
- NICU F/U pre and Post Discharge Family Visits
- ROI Study with AMCHP



In Process

- Alcohol Free Baby and Me Webinar
- MIHP logo development
- Internal manual
- MOD being used
- Regional meeting attendance by consultants
- Internal home visiting collaboration meetings
- Discussions with Medicaid on family visits for NICU follow up and hospital referrals

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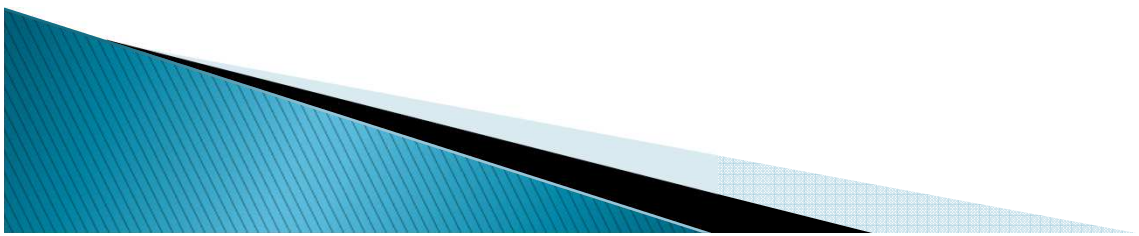
To Be Done

- Health Plan access to MIHP database for their beneficiaries
- Risk Identifiers linked to CHAMPS for billing
- Electronic progress notes
- Progress notes linked to CHAMPS
- Additional MSU research
- Evaluation of MIHP training needs
- Revised MIHP brochures

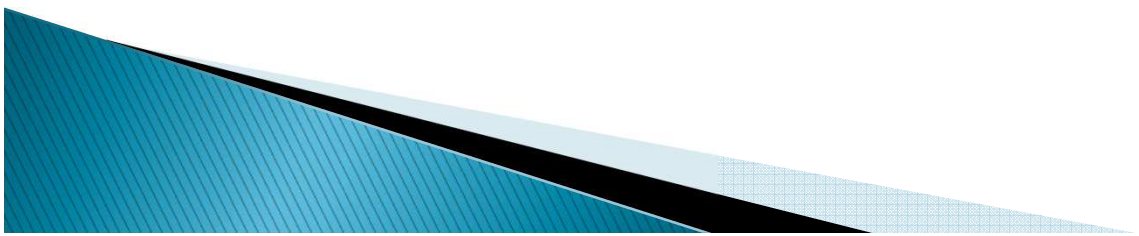


Birthing Hospitals Mini Grants

- June 2014 to 82 birthing hospitals
- Planning grant
- July1 – September 30, 2014
- How to assess and refer all infants who qualify to MIHP and CSHCS
- 32 mini grants awarded

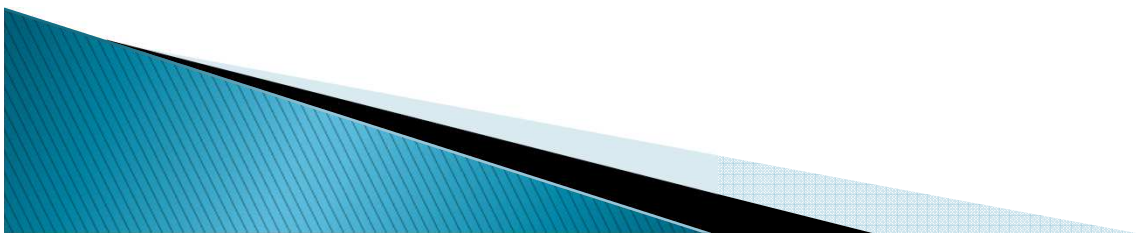
Michigan Public Act 291 of 2012 Home Visiting

- To report on goals and achieved outcomes will require:
  - Being clear about which programs are to be considered home visiting (versus home based services)
  - Building on what is already being measured, especially in administrative data sets
  - Having data collection process to combine information from multiple programs, data systems



PA 291 Common State Home Visiting Measures

- "Sec. 5. The departments shall develop internal processes that provide for a greater ability to collaborate and share relevant home visiting data and information.
- The processes may include a uniform format for the collection of data relevant to each home visiting model….



Required Reporting Measures

- Not later than December 1, 2013 and December 1 of each fiscal year after that…
- Cost per family served, number of families served, and demographic data on families served;
- The number of evidence-based programs that shall include the total as well as a percentage of overall funding for home visiting; and
- The number of promising programs that shall include the total as well as a percentage of overall funding for home visiting.
- The report shall include model descriptions and model specific outcomes.

PA 291 Areas of Impact

- Home visitation programs shall do one or more of the following:

  a)Work to improve maternal, infant, or child health outcomes including reducing preterm births.

  b) Promote positive parenting practices.

  c) Build healthy parent and child relationships.

  d) Enhance social-emotional development.

  e) Support cognitive development of children.

  f) Improve the health of the family.

  g) Empower families to be self-sufficient.

  h) Reduce child maltreatment and injury.

  i) Increase school readiness

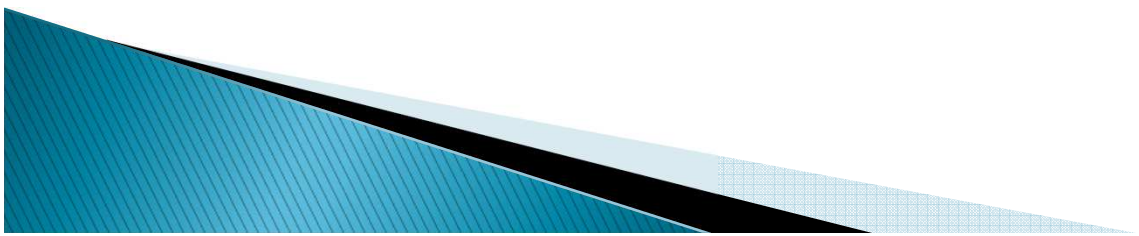
10 Proposed Common Measures/Indicators

1. Prenatal care (*Area of Impact A*) A
2. Preterm birth (*Area of Impact A, E*) A
3. Breastfeeding (*Area of Impact A, B, C, F*) P
4. Maternal smoking *(Area of Impact A, F)* P
5. Maternal depression *(Area of Impact almost all)* P
6. Well child care visits (*Area of Impact B, F*) P
7. Maternal insurance (*Area of Impact A, F*) P
8. Substantiated maltreatment *(Area of Impact C, H)* A
9. Child development *(Area of Impact D, E, I)* P
10. Parent (maternal) education status *(Area of Impact G)* P

Free Stuff

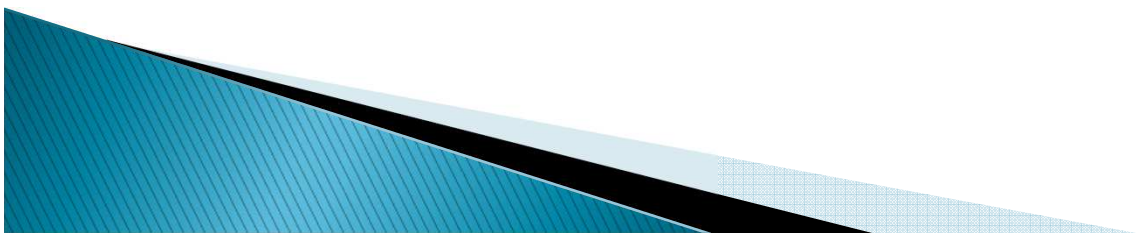
Violation of Federal Law

- Social Security Act §1128
- *www.ssa.gov/OP_Home/ssact/title11/1128.htm*
- (5) Exclusion or suspension under federal or state health care program. … (7) Fraud, kickbacks, and other prohibited activities. … or entity that the Secretary determines has committed an act which is described in section 1128A, 1128B, or 1129



Devastating Consequences for Violating the Anti-Kickback Statute

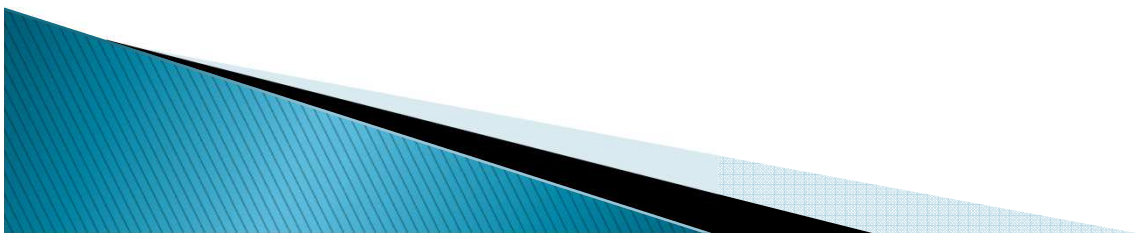
- The anti-kickback statute makes it a criminal offense to knowingly and willfully offer, pay for, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a federal healthcare program.
- Conviction will also lead to automatic exclusion from federal healthcare programs—including Medicare and Medicaid. In addition, the OIG may initiate administrative proceedings to impose civil monetary penalties.



Penalties

Office of Inspector General
Department of Health & Human Services

- Offering gifts and other inducements to beneficiaries
- Inducement. Section 1128A(a)(5) of the Act bars the offering of remuneration to Medicare or Medicaid beneficiaries where the person offering the remuneration knows or should know that the remuneration is likely to influence the beneficiary to order or receive items or services from a particular provider. The "should know" standard is met if a provider acts with deliberate ignorance or reckless disregard. No proof of specific intent is required. (See 42 CFR 1003.101.)

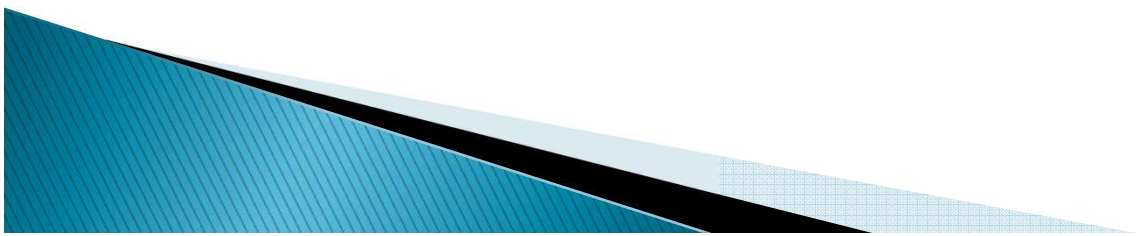


Office of Inspector General
Department of Health & Human Services

- The "inducement" element of the offense is met by any offer of valuable (i.e., not inexpensive) goods and services as part of a marketing or promotional activity, regardless of whether the marketing or promotional activity is active or passive. For example, even if a provider does not directly advertise or promote the availability of a benefit to beneficiaries, there may be indirect marketing or promotional efforts or informal channels of information dissemination, such as "word of mouth" promotion by practitioners or patient support groups. In addition, the OIG considers the provision of free goods or services to existing customers who have an ongoing relationship with a provider likely to influence those customers' future purchases.

Office of Inspector General
Department of Health & Human Services

- Under section 1128A(a)(5) of the Social Security Act (the Act), enacted as part of Health Insurance Portability and Accountability Act of 1996 (HIPAA), a person who offers or transfers to a Medicare or Medicaid beneficiary any remuneration that the person knows or should know is likely to influence the beneficiary's selection of a particular provider, practitioner, or supplier of Medicare or Medicaid payable items or services may be liable for civil money penalties (CMPs) of up to $10,000 for each wrongful act.

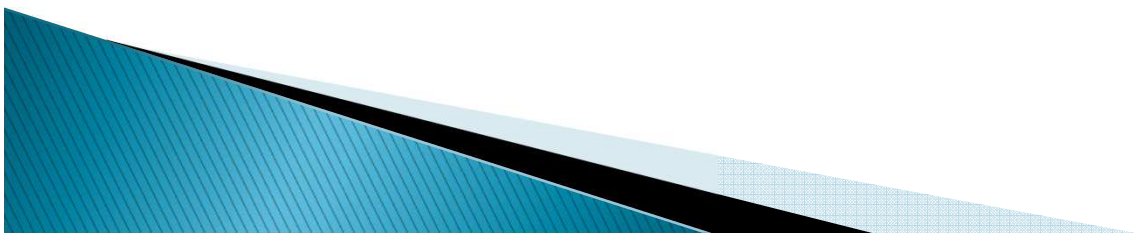


Kickbacks
Social Security Act 1128

- Whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person—

- (A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or……..

- Shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.



Confidentiality

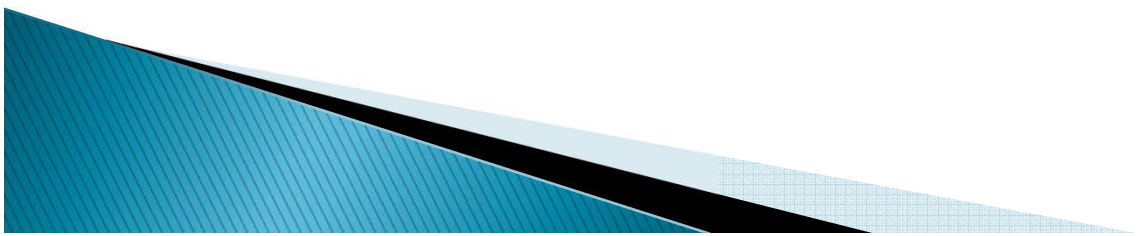
The Michigan Department of Community Health expects all MIHP providers to comply with all federal confidentiality laws!

MIHP Medicaid Policy: 5.3

- Maintain an adequate and confidential beneficiary record system, including services provided under a subcontract.

Heath Insurance Portability and Accountability Act (HIPAA) 1996

- The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.



Heath Insurance Portability and Accountability Act (HIPAA) 1996

The HIPAA Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information.

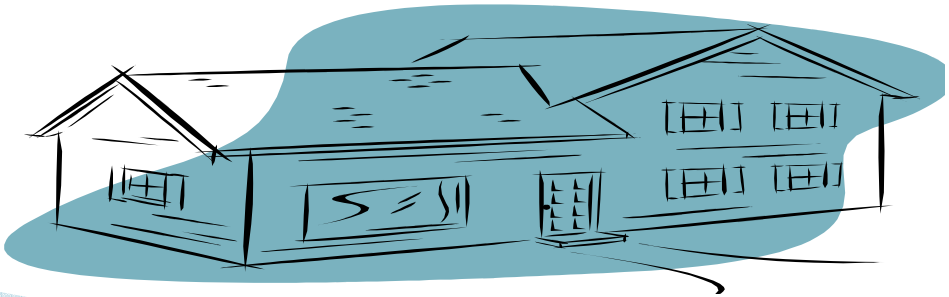
Heath Insurance Portability and Accountability Act (HIPAA) 1996

The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414, requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information.

MIHP Field Confidentiality Guidelines

- Safeguarding PHI in TRANSPORT:
  Stored in a locked container in the truck of the vehicle or if no trunk, in an inconspicuous location in the vehicle.

- Safeguarding PHI at HOME:
  Beneficiary information must be double locked such as in a locked container in a locked room.



Afterhours Contact

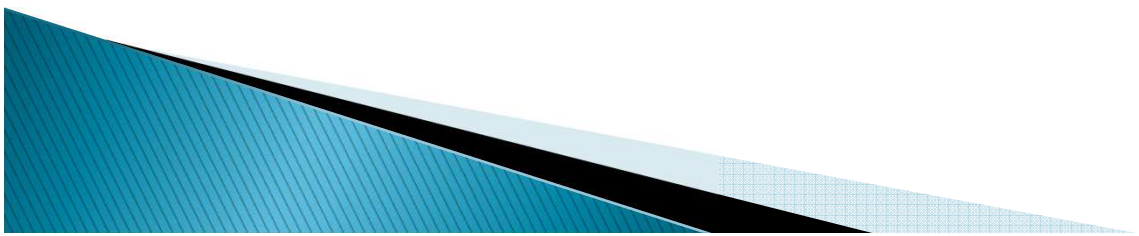
- Required:
  - Your business hours
  - A message on the phone that directs clients to hospital or to 911 for emergencies
  - Tells client whether they can leave a message

Certification Changes: Effective November 1, 2014

- As the state MIHP team updated the *Cycle 4 Certification Tool* for Cycle 5, we had six goals:
  - Make any modifications needed due to Medicaid policy changes.
  - Make any modifications needed due to changes in MIHP operations.
  - Modify any criteria that needed additional detail for purposes of clarification.
  - Modify any criteria that were not as objective as possible.
  - Eliminate any criteria that are no longer necessary.
  - Ensure as much continuity as possible from Cycle 4 to Cycle 5.

Certification Changes

- 6 month follow up conditional certification
  - Do not need to send unless there was change:
    - CCAs
    - Training certificates
    - Staff licenses and registrations
    - Signed confidentiality agreements
    - Program protocols
- Proof of attendance at Coordinator training
    - Certificate of attendance

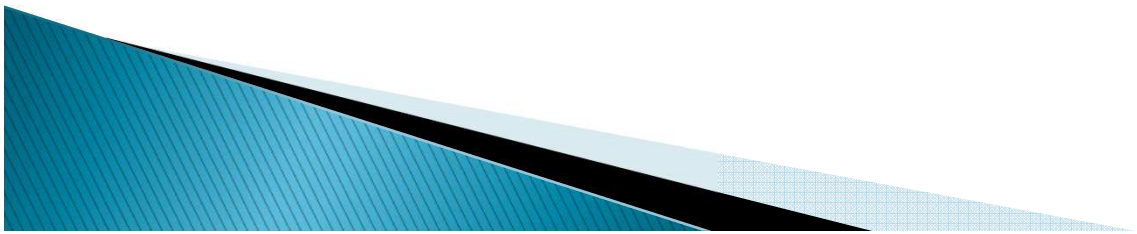


Nurse Family Partnership (NFP)

- Eight counties:
  - Berrien
  - Calhoun
  - Detroit
  - Genesee
  - Ingham
  - Kalamazoo
  - Kent
  - Oakland
  - Saginaw

MIHP and NFP Transportation

- Beneficiaries in the Nurse Family Partnership (NFP) (another MDCH program) do not need a risk identifier completed to receive transportation services.
- Transportation is the only MIHP service available to NFP beneficiaries.

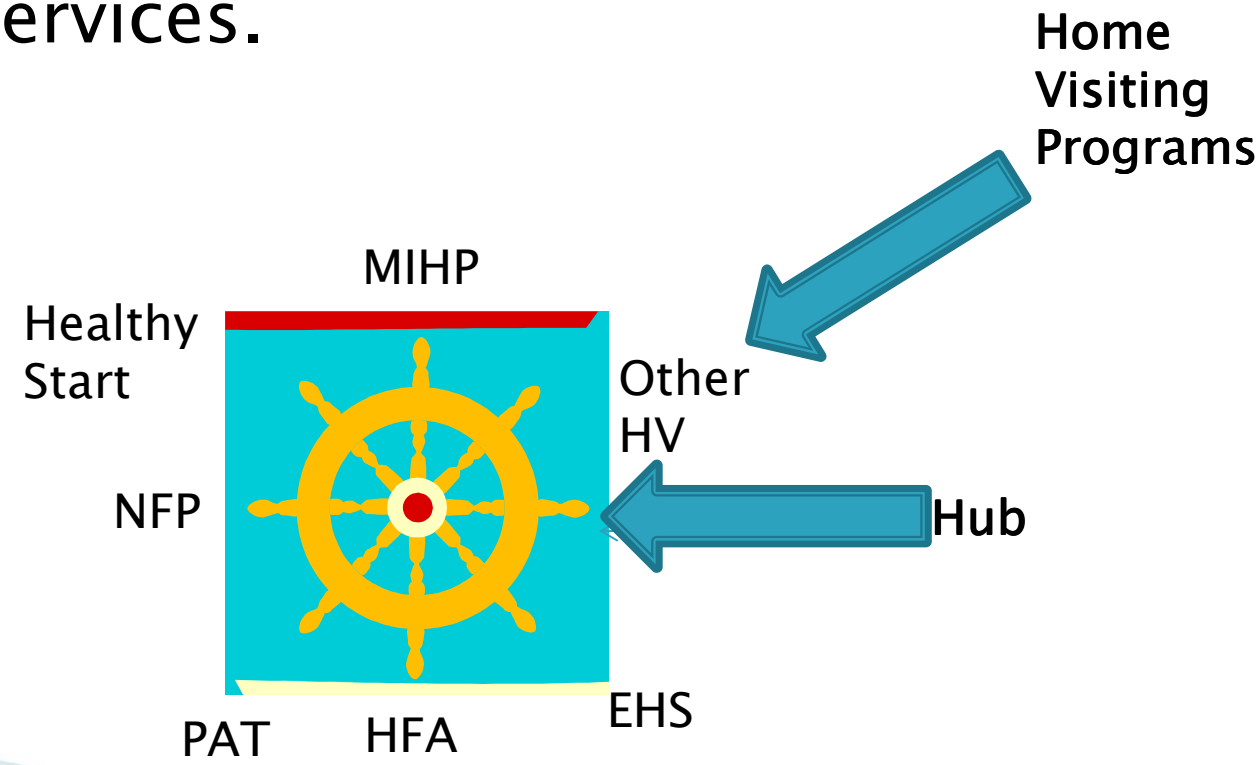


Home Visiting Hubs: What Is The Purpose?

- Reduce duplication of services.
- Assure that ALL slots are filled and used effectively.
- Coordinate outreach efforts across the available models.
- Connect the family to the right services at the right time to meet their identified needs…
- …while still assuring family choice.

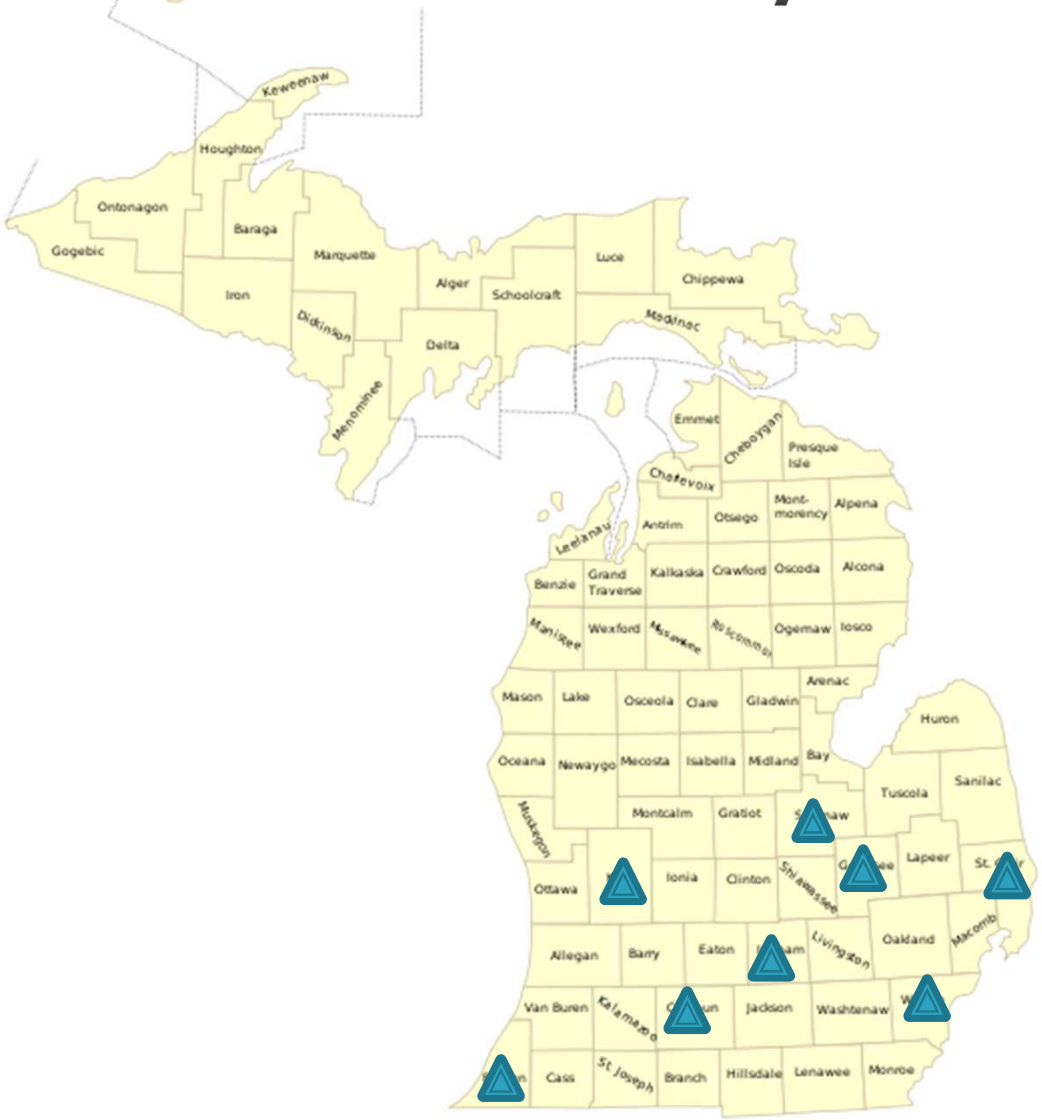
Home Visiting Hubs: What Are They?

A locally coordinated/centralized access point, or HUB, for families seeking home visiting services.



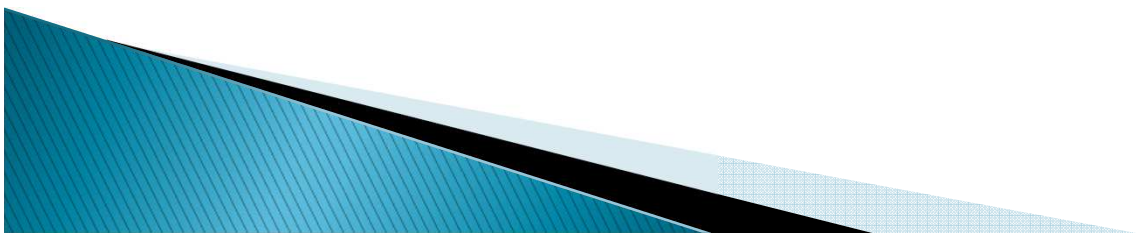
Hubs: Where Are they?

- Berrien
- Calhoun
- Genesee
- Ingham
- Kent
- Saginaw
- St. Clair
- Wayne



What The Hubs Need From MIHP

- MIHP to connect with the Hubs
- Attend meetings
- Respond to communications among the hub partners
- Sign Memorandums Of Understandings (MOUs) and commit to the agreements on it.
- If there are many MIHPs in a county have the MIHPs determine how they will be represented (i.e., select representative, etc)



County MIHP Enrollment

- Berrien 76.6%
- Calhoun 33.1%
- Genesee 19.01%
- Ingham 28.0%
- Kent 41.0%
- Saginaw 17.1%
- St. Clair 43.2%
- Wayne 35.0%

Data from MSU Administrative Report 4th Quarter FY 13

Lowest MIHP Enrollment

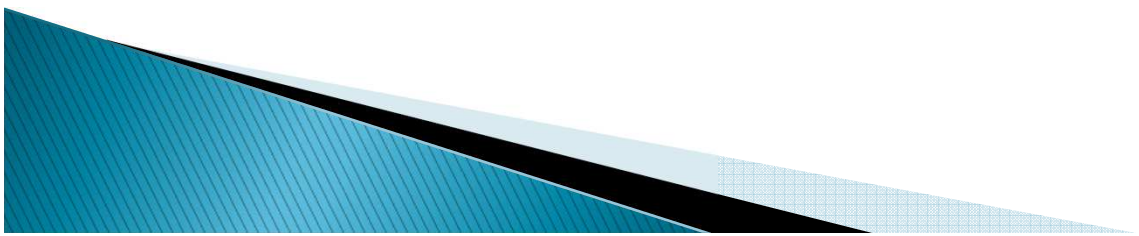
Alcona	12.5%
Alger	12.5%
Barry	0.0%
Eaton	15.8%
Lenawee	3.8%
Livingston	11.0%
Oakland	14.9%
Ontonagon	0.0%
Oscoda	0.0%

15% or below

Highest MIHP Enrollment

Antrim	71.8%
Benzie	83.5%
Branch	72.0%
Charlevoix	81.3%
Emmet	73.5%
Montmorency	80.0%
Otsego	71.8%
Schoolcraft	88.9%

70% or higher

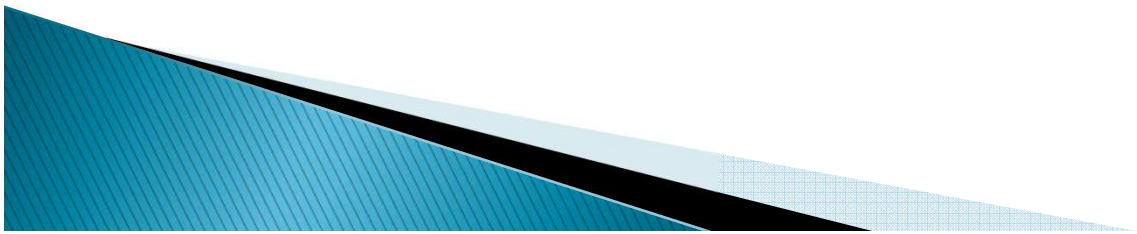


Revised Forms and Electronic Discharge Summary

- October 3, 2014 effective date
- Forms required by January 1, 2015
- Electronic Discharge Summaries required October 3, 2014

Worksheets

- New concept
- Move to electronic chart
- At consultant visits and certification review will need to have print out from database
- Forms affected:
  - Maternal and Infant Risk Identifier
  - Maternal and Infant Discharges



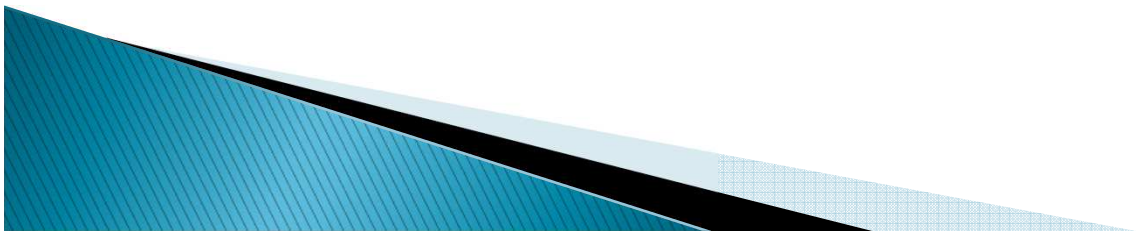
Why?

- Reduce the number of Not Mets for inaccurate of incomplete fields
- Start of the EMR for the State
- Next would be progress notes
- Would not be required to keep the worksheet.

CERTIFICATION DATA

February 1, 2014 – July 31, 2014

- 6 Months of Reviews
- 42 Reviews Conducted
- 150 Total Non Critical Indicators "Not Met"
- 77 Total Critical Indicators "Not Met"
- 1 Review with Zero "Not Mets"
- 11 Reviews Received Conditional Certification
- 28 Reviews Received Full Status Certification
- 2 Agencies Discontinued
- 1 Review Pending Final Certification Report



Cumulative Numbers August 22, 2014

- Maternal Risk Identifiers (2008) 144,597
- Infant Risk Identifiers: (2012)
  - Maternal component 34,081
  - Infant component 36,157
- Maternal Discharge Summaries 28,010
- Infant Discharge Summaries 11,008

CERTIFICATION DATA

February 1, 2014 – July 31, 2014

- Most Commonly Missed Non Critical Indicator:
  - #33: Professional visits to Implement beneficiary's Plan of Care:17 Not Mets
- Most Commonly Missed Critical Indicator:
  - #26: Developmental screening for all infant beneficiaries using ASQ-3 and ASQ: SE*: 21 Not Mets

Top 10 "Not Mets" February 2014 – July 2014

RANK	INDICATOR	INDICATOR DESCRIPTION	TIMES NOT MET
1	26	Developmental screening for all infant beneficiaries using ASQ-3 /ASQ: SE	21
2	2	Sufficiently detailed clinical record	19
3	56	Discharge Summary completed and send to medical care provider	19
4	27	Plan of Care (Parts 1-3)	18
5	33	Professional visits to implement beneficiary's Plan of Care	17
6	22	Medical care provider notified within 14 days of beneficiary enrollment	11
7	1	Use of standardized forms	10
8	5	Maternal and Infant Discharge Summaries entered into database	7
9	51	Family planning discussed at every maternal visit	7
10	44	Training Requirements	5

Miscellaneous

- 2 visits on same day
- Collaboration and cooperation with other home visiting programs
- Next MSU research article
- Safe sleep
- FASD

Important Dates

- October 3, 2014
- November 1, 2014

"Competition has been shown to be useful up to a certain point and no further, but cooperation, which is the thing we must strive for today, begins where competition leaves off."
— Franklin D. Roosevelt

"Coming together is a beginning; keeping together is progress; working together is success."
Henry Ford

Questions?